



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

**Hawks, et al.**

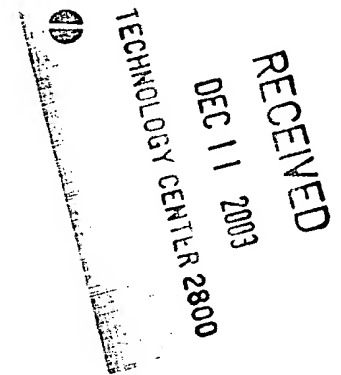
Serial No.: 09/638,172

Filed: August 11, 2000

**For: Method and Structure for Securing a  
Mold Compound to a Printed Circuit  
Board**

Art Unit: 2831

Examiner: Ngo, Hung V.



**AMENDMENT AND RESPONSE TO OFFICE ACTION**

Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Office Action dated July 23, 2003 in the above-referenced patent application. Please enter and consider the following amendments and remarks.

12/05/2003 JBALINAH 00000008 09638172

01 FC:1252

420.00 OP



21

C-C 2831 ✓

Attorney Docket No.: 00CON:15T

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Hawks et al.

SERIAL NO.: 09/638,172 FILED: August 11, 2000

FOR: Method and Structure for Securing a Mold Compound to a Printed Circuit Board

HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$ 420.00
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

☒ TOTAL EXTENSION FEE \$ 420.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	16	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

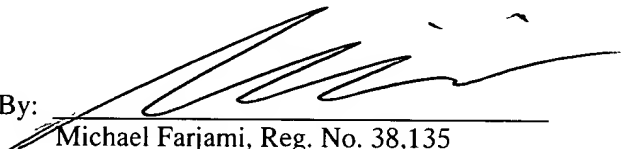
\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 420.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 12/1/03

By:

  
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

12/1/03  
Date

  
Signature

Sukhvir Bal  
Typed or Printed Name of Person Mailing Paper and/or Fee

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